Case 09-30216 Doc 1 Filed 08/18/09 Entered 08/18/09 12:27:07 Desc Main Page 1 of 54

Official Form 1 (1/08) Document **United States Bankruptcy Court Voluntary Petition** NORTHERN DISTRICT OF ILLINOIS Name of Debtor (if individual, enter Last, First, Middle): Name of Joint Debtor (Spouse)(Last, First, Middle): Carson, Raven V. All Other Names used by the Debtor in the last 8 years All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): (include married, maiden, and trade names): NONE Last four digits of Soc. Sec. or Indvidual-Taxpayer I.D. (ITIN) No./Complete EIN Last four digits of Soc. Sec. or Indvidual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): xxx-xx-9775 (if more than one, state all): Street Address of Debtor (No. & Street, City, and State): Street Address of Joint Debtor (No. & Street, City, and State): 2949 W. 142 nd Place Blue Island IL ZIPCODE ZIPCODE 60406 County of Residence or of the County of Residence or of the Principal Place of Business: Principal Place of Business: Cook Mailing Address of Joint Debtor Mailing Address of Debtor (if different from street address): (if different from street address) SAME ZIPCODE ZIPCODE Location of Principal Assets of Business Debtor
(if different from street address above): NOT APPLICABLE ZIPCODE (if different from street address above): **Nature of Business Chapter of Bankruptcy Code Under Which** Type of Debtor (Form of organization) (Check one box.) the Petition is Filed (Check one box) (Check one box.) Health Care Business Chapter 7 Chapter 15 Petition for Recognition Chapter 9 of a Foreign Main Proceeding Single Asset Real Estate as defined See Exhibit D on page 2 of this form. П Chapter 11 in 11 U.S.C. § 101 (51B) ☐ Chapter 15 Petition for Recognition Corporation (includes LLC and LLP) П Chapter 12 Railroad of a Foreign Nonmain Proceeding Partnership Chapter 13 Stockbroker Other (if debtor is not one of the above **Nature of Debts** (Check one box) Commodity Broker entities, check this box and state type of Debts are primarily consumer debts, defined Debts are primarily entity below Clearing Bank in 11 U.S.C. § 101(8) as "incurred by an business debts. Other individual primarily for a personal, family, or household purpose" Tax-Exempt Entity Chapter 11 Debtors: (Check box, if applicable.) Check one box: Debtor is a tax-exempt organization Debtor is a small business as defined in 11 U.S.C. § 101(51D). under Title 26 of the United States Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Code (the Internal Revenue Code) Filing Fee (Check one box) Check if: Debtor's aggregate noncontingent liquidated debts (excluding debts owed Full Filing Fee attached to insiders or affiliates) are less than \$2,190,000. Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. Check all applicable boxes: A plan is being filed with this petition Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach Acceptances of the plan were solicited prepetition from one or more signed application for the court's consideration. See Offi cial Form 3B. classes of creditors, in accordance with 11 U.S.C. § 1126(b). THIS SPACE IS FOR COURT USE ONLY Statistical/Administrative Information Debtor estimates that funds will be available for distribution to unsecured creditors. Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors 25,001- \boxtimes 1,000 5,001-10,001-50,001-100,000 50-99 100-199 200-999 Over 1-49 50,000 5,000 10,000 25,000 100 000 Estimated Assets \$0 to \$50,001 to \$100,001 to \$500,001 \$1,000,001 \$10,000,001 More than \$50,000,001 \$100,000,001 \$500,000,001 \$500,000 \$1 billion \$50,000 \$100,000 to \$1 to \$10 to \$50 to \$100 to \$500 to \$1 billion million million million million Estimated Liabilities \$0 to \$50,001 to \$100,001 to \$500,001 \$1,000,001 \$10,000,001 \$50,000,001 \$100,000,001 \$500,000,001 \$100,000 \$500,000 to \$50 to \$100 to \$500 \$50,000 to \$1 to \$10 to \$1 billion \$1 billion million million million million

million

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| Voluntary Petition | Name of Debtor(s): | , 8 |
|---|--|--|
| (This page must be completed and filed in every case) | Raven V. Carson | |
| All Prior Bankruptcy Cases Filed Within Last 8 Ye | ears (If more than two, attach additional | sheet) |
| Location Where Filed: | Case Number: | Date Filed: |
| NONE | G. W. I | D. Fil. I |
| Location Where Filed: | Case Number: | Date Filed: |
| Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of | this Debtor (If more than one, atta | ach additional sheet) |
| Name of Debtor: | Case Number: | Date Filed: |
| NONE | D.L.C. L. | 7.1 |
| District: | Relationship: | Judge: |
| Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11) Exhibit A is attached and made a part of this petition | Ex (To be completed if of whose debts are prime. I, the attorney for the petitioner named in the flave informed the petitioner that [he or she] mor 13 of title 11, United States Code, and have each such chapter. I further certify that I have required by 11 U.S.C. §342(b). X /s/ MICHAEL R. RICHMONI. Signature of Attorney for Debtor(s) | arily consumer debts) foregoing petition, declare that I hay proceed under chapter 7, 11, 12 e explained the relief available under delivered to the debtor the notice |
| Does the debtor own or have possession of any property that poses or is alleg or safety? Yes, and exhibit C is attached and made a part of this petition. No | Exhibit C ged to pose a threat of imminent and identifiable h | arm to public health |
| (To be completed by every individual debtor. If a joint petition is filed, each | Exhibit D spouse must complete and attach a separate Exhi | hit D) |
| Exhibit D completed and signed by the debtor is attached and made p | | |
| If this is a joint petition: | part of this petition. | |
| Exhibit D also completed and signed by the joint debtor is attached a | and made a part of this petition. | |
| | Regarding the Debtor - Venue k any applicable box) | |
| Debtor has been domiciled or has had a residence, principal place of bus preceding the date of this petition or for a longer part of such 180 days the | | ays immediately |
| ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, | or partnership pending in this District. | |
| ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or assets in the United States but is a defendant the interests of the parties will be served in regard to the relief sought in the served in regard to the reli | nt in an action proceeding [in a federal or state co | |
| | Resides as a Tenant of Residential Property | |
| Landlord has a judgment against the debtor for possession of debto | applicable boxes.) or's residence. (If box checked, complete the follow | ving.) |
| | (Name of landlord that obtained judgr | ment) |
| | (Address of landlord) | |
| ☐ Debtor claims that under applicable nonbankruptcy law, there are entire monetary default that gave rise to the judgment for possession | - | |
| Debtor has included with this petition the deposit with the court of period after the filing of the petition. | any rent that would become due during the 30-da | ıy |
| Debtor certifies that he/she has served the Landlord with this certif | fication. (11 U.S.C. § 362(l)). | |

Case 09-30216 Doc 1 Filed 08/18/09 Entered 08/18/09 12:27:07 Desc Main Official Form 1 (1/08) Document Page 3 of 54 FORM B1, Page 3 Name of Debtor(s): Voluntary Petition (This page must be completed and filed in every case) Raven V. Carson **Signatures** Signature(s) of Debtor(s) (Individual/Joint) Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts petition is true and correct, that I am the foreign representative of a debtor and has chosen to file under chapter 7] I am aware that I may proceed in a foreign proceeding, and that I am authorized to file this petition. under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to (Check only one box.) proceed under chapter 7. I request relief in accordance with chapter 15 of title 11, United States [If no attorney represents me and no bankruptcy petition preparer Code. Certified copies of the documents required by 11 U.S.C. § 1515 are signs the petition] I have obtained and read the notice required by attached. 11 U.S.C. §342(b) Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the I request relief in accordance with the chapter of title 11, United States chapter of title 11 specified in this petition. A certified copy of the order Code, specified in this petition. granting recognition of the foreign main proceeding is attached. X /s/ Raven V. Carson Signature of Debtor (Signature of Foreign Representative) Signature of Joint Debtor (Printed name of Foreign Representative) Telephone Number (if not represented by attorney) (Date) Signature of Attorney* Signature of Non-Attorney Bankruptcy Petition Preparer X /s/ MICHAEL R. RICHMOND I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for Signature of Attorney for Debtor(s) compensation and have provided the debtor with a copy of this document MICHAEL R. RICHMOND 3124632 and the notices and information required under 11 U.S.C. \$\$ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. \$ 110(h) setting a maximum fee for services chargeable by Printed Name of Attorney for Debtor(s) HELLER & RICHMOND, LTD. bankruptcy petition preparers, I have given the debtor notice of the Firm Name maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 33 NORTH DEARBORN STREET 19 is attached. SUITE 1600 CHICAGO IL 60602 Printed Name and title, if any, of Bankruptcy Petition Preparer (312) 781-6700 Telephone Number Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. Address Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above. The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition. Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual. Signature of Authorized Individual

If more than one person prepared this document, attach additional sheets

and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

A bankruptcy petition preparer's failure to comply with the provisions of title 11

conforming to the appropriate official form for each person.

Printed Name of Authorized Individual

Title of Authorized Individual

Date

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(If known)

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| In re Raven V. Carson | According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement): |
|-----------------------|--|
| Debtor(s) | ☐ The presumption arises. |
| | ☐ The presumption does not arise. |
| Case Number: | The presumption is temporarily inapplicable. |

directed in Part I, III, or VI of this statement): mption arises. mption does not arise. mption is temporarily inapplicable. (Check the box as directed in Parts I, III, and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

| | Part I. MILITARY AND NON-CONSUMER DEBTORS |
|----|---|
| 1A | Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. |
| | Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)). |
| 1B | Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. |
| | Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts. |
| 1C | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed |
| | a. |

| | Part II. CALCULATION | OF MONTHLY INCO | OME FOR § 707(b)(7) EXC | <u>LUSIO</u> | N | |
|----|---|---|---|--------------|---------------------------|--------------------------------|
| | Marital/filing status. Check the box that applia. ☐ Unmarried. Complete only Column A | | | ed. | | |
| | b. Married, not filing jointly, with declaration penalty of perjury: "My spouse and I are legally living apart other than for the purpose of evadir Complete only Column A ("Debtor's Incomplete only Column A") | n of separate households. By a separated under applicable and the requirements of § 707 | checking this box, debtor declares und non-bankruptcy law or my spouse and | | | |
| 2 | c. Married, not filing jointly, without the dec Column A ("Debtor's Income") and Column | | | nplete bo | th | |
| | d. Married, filing jointly. Complete both Clines 3-11. | Column A ("Debtor's Incor | ne") and Column B ("Spouse's Inco | me") for | | |
| | All figures must reflect average monthly incommonths prior to filing the bankruptcy case, end of monthly income varied during the six months result on the appropriate line. | ling on the last day of the mo | onth before the filing. If the amount | | Column A Debtor's Income | Column B Spouse's Income |
| 3 | Gross wages, salary, tips, bonuses, overti | me, commissions. | | \$ | 2,268.00 | \$ |
| 4 | Income from the operation of a business, p the difference in the appropriate column(s) of I farm, enter aggregate numbers and provide de Do not include any part of the business ex a. Gross receipts b. Ordinary and necessary business exp | Line 4. If you operate more the tails on an attachment. Do ne penses entered on Line b | sot enter a number less than zero. as a deduction in Part V. \$0.00 \$0.00 | | 0.00 | \$ |
| | c. Business income | | Subtract Line b from Line a | | | * |
| 5 | in the appropriate column(s) of Line 5. Do not any part of the operating expenses entered a. Gross receipts b. Ordinary and necessary operating expenses c. Rent and other real property income | d on Line b as a deduction | ro. Do not include | \$ | 0.00 | \$ |
| 6 | Interest, dividends, and royalties. | | | \$ | 0.00 | \$ |
| 7 | Pension and retirement income. | | | \$ | 60.00 | \$ |
| 8 | Any amounts paid by another person or enthe debtor or the debtor's dependents, inc. Do not include alimony or separate maintenance icompleted. | luding child support paid | for that purpose. | \$ | 50.00 | \$ |
| 9 | Unemployment compensation. Enter the However, if you contend that unemployment companies a benefit under the Social Security Act, do Column A or B, but instead state the amount in Unemployment compensation claimed to be a benefit under the Social Security Act | not list the amount of such | or your spouse | \$ | 50.00 | \$ |
| 10 | separate page. Do not include alimony of if Column B is completed, but include all of Do not include any benefits received under the crime, crime against humanity, or as a victim of a. | r separate maintenance pa ther payments of alimony Social Security Act or paym | nents received as a victim of a war errorism. | | | |
| | b. | | 0 |] | | |
| | Total and enter on Line 10 | 707/1.\/7\ | W 40 to | \$ | 0.00 | \$ |
| 11 | Subtotal of Current Monthly Income for § 7 Column A, and, if Column B is completed, add total(s). | | | \$ | 2,268.00 | \$ |
| 12 | Total Current Monthly Income for § 707(b) add Line 11, Column A to Line 11, Column B, completed, enter the amount from Line 11, Column B, | and enter the total. If Columi | • | \$ | \$2,268.00 | |

| Part III. APPLICATION OF § 707(b)(7) EXCLUSION | | | |
|--|---|-------------|--|
| 13 | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result. | \$27,216.00 | |
| 14 | Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: ILLINOIS b. Enter debtor's household size: 2 | \$60,049.00 | |
| 15 | Application of Section 707(b)(7). Check the applicable box and proceed as directed. The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement. | | |

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

| | Part IV. CALCULATION OF CUR | RENT MONTHLY INCOME FOR § 707(b)(2) | |
|----|--|---|----|
| 16 | Enter the amount from Line 12. | | \$ |
| 17 | Marital adjustment. If you checked the box at Line 2.c, e Column B that was NOT paid on a regular basis for the hous dependents. Specify in the lines below the basis for excludin spouse's tax liability or the spouse's support of persons othe amount of income devoted to each purpose. If necessary, lis not check box at Line 2.c, enter zero. a. b. c. | sehold expenses of the debtor or the debtor's ng the Column B income (such as payment of the er than the debtor or the debtor's dependents) and the | |
| | Total and enter on Line 17 | | \$ |
| 18 | Current monthly income for § 707(b)(2). Subtract Line | 17 from Line 16 and enter the result. | \$ |

| | Part V. CALCULA | TION OF DEDUC | HONS FROM INC | OIVIE | |
|-----|---|---|--|--|----|
| | Subpart A: Deductions unde | r Standards of th | e Internal Revenu | ue Service (IRS | 5) |
| 19A | National Standards: food, clothing, and other ite Standards for Food, Clothing and Other Items for the www.usdoj.gov/ust/ or from the clerk of the bankr | applicable household size | 9A the "Total" amount from e. (This information is ava | | \$ |
| | National Standards: health care. Enter in I Health Care for persons under 65 years of age, and i Care for persons 65 years of age or older. (This infor of the bankruptcy court.) Enter in Line b1 the number and enter in Line b2 the number of members of your | n Line a2 the IRS Nationa mation is available at of members of your hou | www.usdoj.gov/ust/ or from sehold who are under 65 year. | cket Health om the clerk ears of age, | |
| 19B | of household members must be the same as the nun total amount for household members under 65, and 6 total amount for household members 65 and older, at health care amount, and enter the result in Line 19B. | nber stated in Line 14b.) Inter the result in Line c1. | Nultiply Line a1 by Line b1 Multiply Line a2 by Line b2 | to obtain a 2 to obtain a | |
| 19B | total amount for household members under 65, and 6 total amount for household members 65 and older, and 10 total amount for household members 65 and older, and 10 total amount for household members 65 and older, and 10 total amount for household members 45 and 10 total amount for household | nber stated in Line 14b.) Inter the result in Line c1. and enter the result in Line | Nultiply Line a1 by Line b1 Multiply Line a2 by Line b2 | to obtain a 2 to obtain a o obtain a total | 7 |
| 19B | total amount for household members under 65, and 6 total amount for household members 65 and older, at health care amount, and enter the result in Line 19B. | nber stated in Line 14b.) I enter the result in Line c1. and enter the result in Line Househole | Multiply Line a1 by Line b1 Multiply Line a2 by Line b2 c2. Add Lines c1 and c2 to | to obtain a 2 to obtain a o obtain a total | |
| 19B | total amount for household members under 65, and 6 total amount for household members 65 and older, and health care amount, and enter the result in Line 19B. Household members under 65 years of age | nber stated in Line 14b.) I enter the result in Line c1. Ind enter the result in Line Househole a2. Allow | Multiply Line a1 by Line b1 Multiply Line a2 by Line b2 c2. Add Lines c1 and c2 to | to obtain a 2 to obtain a o obtain a total | |

| 20R | Local Standards: housing and utilities; mortgage/rent expenses. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. | | | | | |
|-----|--|--|------------------|-----------------------------------|---|----|
| 200 | a. | IRS Housing and Utilities Standards; mortgage/rental expense | | \$ | | |
| | b. | Average Monthly Payment for any debts secured by your | | | | |
| | | home, if any, as stated in Line 42 | | \$ | | |
| | C. | Net mortgage/rental expense | | Subtract Line b from Line a. | | \$ |
| 21 | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: | | | \$ | | |
| | You a | I Standards: transportation; vehicle operation/public transportare entitled to an expense allowance in this category regardless of what a vehicle and regardless of whether you use public transportation. | nether you pay | | | |
| 22A | exper | k the number of vehicles for which you pay the operating expenses on ses are included as a contribution to your household expenses in Li \square 1 \square 2 or more. | | e operating | | |
| | | checked 0, enter on Line 22A the "Public Transportation" amount fr checked 1 or 2 or more, enter on Line 22A the "Operating Costs" a | | | | |
| | Trans | sportation for the applicable number of vehicles in the applicable Meton. (These amounts are available at www.usdoj.gov/ust/ or from the | ropolitan Statis | stical Area or Census | | \$ |
| | | l Standards: transportation; additional public transportation e | - | If you pay the operating expenses | | |
| 22B | your public transportation (This amount is excitable at the public | | | \$ | | |
| | of vel | I Standards: transportation ownership/lease expense; Vehicle nicles for which you claim an ownership/lease expense. (You may no nee for more than two vehicles.) | | ck the number nership/lease | | |
| | 1 | 2 or more. | | | | |
| | Enter | , in Line a below, the "Ownership Costs" for "One Car" from the IRS | Local Standa | rds: Transportation | | |
| 00 | | able at www.usdoj.gov/ust/ or from the clerk of the bankruptcy cou | | | | |
| 23 | | hly Payments for any debts secured by Vehicle 1, as stated in Line 4 | • | ne b from | | |
| | LITIE | a and enter the result in Line 23. Do not enter an amount les | S trian Zero. | | | |
| | a. | IRS Transportation Standards, Ownership Costs | \$ | | | |
| | b. | Average Monthly Payment for any debts secured by Vehicle 1, | | | | |
| | | as stated in Line 42 | \$ | | | \$ |
| | C. | Net ownership/lease expense for Vehicle 1 | Subtract Line | e b from Line a. | | |
| | Loca | al Standards: transportation ownership/lease expense; Vehicle | 2. | | | |
| | | plete this Line only if you checked the "2 or more" Box in Line 23. | | | | |
| | | , in Line a below, the "Ownership Costs" for "One Car" from the IRS able at www.usdoj.gov/ust/ or from the clerk of the bankruptcy con | | • | | |
| | the A | verage Monthly Payments for any debts secured by Vehicle 2, as sta | ated in Line 42 | ; subtract Line b | | |
| 24 | | Line a and enter the result in Line 24. Do not enter an amount le | ess than zero | | _ | |
| | a. | IRS Transportation Standards, Ownership Costs | | \$ | | |
| | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 | | \$ | | |
| | C. | Net ownership/lease expense for Vehicle 2 | | Subtract Line b from Line a. | | \$ |

| 25 | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. | | | | |
|----|---|---|----|--|--|
| 26 | Other Necessary Expenses: mandatory payroll deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. | | | | |
| 27 | Other Necessary Expenses: life inspay for term life insurance for yourself. for whole life or for any other form | Do not include premiums for insurance on your dependents, | \$ | | |
| 28 | | or dered payments. Enter the total monthly amount that you are required or administrative agency, such as spousal or child support payments. ue support obligations included in Line 44. | \$ | | |
| 29 | challenged child. Enter the to | tion for employment or for a physically or mentally btal average monthly amount that you actually expend for education that is a lation that is required for a physically or mentally challenged dependent by | \$ | | |
| 30 | Other Necessary Expenses: childca childcare - such as baby-sitting, day ca | | \$ | | |
| 31 | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. | | | | |
| 32 | Other Necessary Expenses: teleco actually pay for telecommunication ser | mmunication services. Enter the total average monthly amount that you vices other than your basic home telephone and cell phone service such as ong distance, or internet service to the extent necessary for your health | \$ | | |
| 33 | Total Expenses Allowed under IRS | Standards. Enter the total of Lines 19 through 32 | \$ | | |
| | • | art B: Additional Living Expense Deductions clude any expenses that you have listed in Lines 19-32 | | | |
| | | nce and Health Savings Account Expenses. List the monthly expenses in the at are reasonably necessary for yourself, your spouse, or your dependents. | | | |
| | a. Health Insurance | \$ | | | |
| | b. Disability Insurance | \$ | | | |
| 34 | c. Health Savings Account | \$ | | | |
| | Total and enter on Line 34 | • | \$ | | |
| | If you do not actually expend this space below: | total amount, state your actual total average monthly expenditures in the | | | |
| | | e of household or family members. Enter the total average actual | | | |
| 35 | , , | e to pay for the reasonable and necessary care and support of an ber of your household or member of your immediate family who is | \$ | | |
| 35 | monthly expenses that you will continu elderly, chronically ill, or disabled mem unable to pay for such expenses. Protection against family violence. incurred to maintain the safety of your | e to pay for the reasonable and necessary care and support of an ber of your household or member of your immediate family who is | \$ | | |

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| 38 | Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. | | | | | \$ |
|----|---|---|---|--|--|----|
| 39 | clothin Standa or fron | ards, not to exceed 5% of t | Expense. Enter the total average mbined allowances for food and clothing hose combined allowances. (This inform by court.) You must demonstrate that | ation is available at | the IRS National www.usdoj.gov/ust/ | \$ |
| 40 | | nued charitable contribu f cash or financial instrume | tions. Enter the amount that you ents to a charitable organization as define | | | \$ |
| 41 | Total | Additional Expense Ded | uctions under § 707(b). Enter the t | otal of Lines 34 through 40 | 0 | \$ |
| | | | Subpart C: Deductions | for Debt Payment | t | |
| | you ow Payme total of filing o | ent, and check whether the all amounts scheduled as | ditor, identify the property securing the depayment includes taxes or insurance. The contractually due to each Secured Cred ded by 60. If necessary, list additional er | ebt, state the Average Mon ne Average Monthly Paymo itor in the 60 months follow | on the ving the | |
| 42 | | Name of Creditor | Property Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance? | |
| 42 | a. | | | \$ | ☐ yes ☐no | |
| | b. | | | \$ | ☐ yes ☐no | |
| | C. | | | \$ | ☐ yes ☐no | |
| | d. | | | \$ | ☐ yes ☐no | |
| | e. | | | \$ | ☐ yes ☐no | |
| | | | | Total: Add Lines a - e | | \$ |
| 43 | reside you ma in addi would | ay include in your deductio tion to the payments listed include any sums in defau | laims. If any of the debts listed in the property necessary for your support on 1/60th of any amount (the "cure amour in Line 42, in order to maintain possession lit that must be paid in order to avoid repowing chart. If necessary, list additional of the Property Securing the Debt | r the support of your depenture of the support of your dependent. It is not support that you must pay the contract of the property. The cupsession or foreclosure. L | ndents, creditor re amount .ist and | |
| | C. | | | \$ | | |
| | d. | | | \$ | | |
| | e. | | | \$ | | |
| | | | + | Total: Add Lines a | - e | \$ |
| 44 | as pric | • | ity claims. Enter the total amount alimony claims, for which you were liable ions, such as those set out in Line 28 | • | • | ¢ |

| | | 101111 22A) (Ghapter 1) (12/00) | | - | | |
|----|--|---|---|----|--|--|
| | the fo | oter 13 administrative expenses. If you are eligible to file a case obllowing chart, multiply the amount in line a by the amount in line b, and instrative expense. | | | | |
| | a. | Projected average monthly Chapter 13 plan payment. | \$ | | | |
| 45 | b. | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | x | | | |
| | C. | Average monthly administrative expense of Chapter 13 case | Total: Multiply Lines a and b | \$ | | |
| 46 | Tota | Deductions for Debt Payment. Enter the total of Lines 42 through | ıgh 45. | \$ | | |
| | | Subpart D: Total Deduction | ons from Income | | | |
| 47 | Tota | of all deductions allowed under § 707(b)(2). Enter the total | of Lines 33, 41, and 46. | \$ | | |
| | | Part VI. DETERMINATION OF § 7 | 07(b)(2) PRESUMPTION | | | |
| 48 | Ente | r the amount from Line 18 (Current monthly income for § 707(b) | (2)) | \$ | | |
| 49 | Ente | r the amount from Line 47 (Total of all deductions allowed under | § 707(b)(2)) | \$ | | |
| 50 | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result | | | | | |
| 51 | 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result. | | | | | |
| | Initial presumption determination. Check the applicable box and proceed as directed. | | | | | |
| 52 | The amount on Line 51 is less than \$6,575 Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. | | | | | |
| | | e amount on Line 51 is at least \$6,575, but not more than \$10,95 nes 53 through 55). | Complete the remainder of Part | | | |
| 53 | Ente | r the amount of your total non-priority unsecured debt | | \$ | | |
| 54 | Threshold debt payment amount. the result. Multiply the amount in Line 53 by the number 0.25 and enter | | | \$ | | |
| | Seco | indary presumption determination. Check the applicable box | and proceed as directed. | | | |
| 55 | The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. | | | | | |
| | | PART VII. ADDITIONAL EX | XPENSE CLAIMS | | | |
| | healtl mont | r Expenses. List and describe any monthly expenses, not otherwise in and welfare of you and your family and that you contend should be an any income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sour average monthly expense for each item. Total the expenses. | n additional deduction from your current ces on a separate page. All figures should reflect | | | |
| 56 | <u> </u> | Expense Description | Monthly Amount | | | |
| | a. b. | | \$ | | | |
| | C. | | \$ | | | |
| | · - | + | - | | | |

Total: Add Lines a, b, and c

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Part VIII: VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)

Date: _____ Signature: ____ (Debtor)

Date: _____ Signature: ____ (Joint Debtor, if any)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| nie Raven V. Carson | Case No. |
|---------------------|-----------|
| | Chapter 7 |
| Debtor(s) | |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

WARNING: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

| Exhibit D. Check one of the live statements below and attach any documents as unected. |
|---|
| 1. Within the 180 days before the filing of my bankruptcy case , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency. |
| 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not I have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed. |
| 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] |

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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|------------------|---|---|---|--|-------------|
| [Must be accor | npanied by a motion for dete Incapacity. (Defin so as to be incapable of re Disability. (Define | rmination by a ed in 11 U.S. alizing and maded in 11 U.S.C ipate in a cred | the court.] C. § 109 (h)(4) as impaire aking rational decisions w C. § 109 (h)(4) as physica dit counseling briefing in p | se of: [Check the applicable statement] ed by reason of mental illness or mental de vith respect to financial responsibilities.); lly impaired to the extent of being unable, a verson, by telephone, or through the Interne | after |
| of 11 U.S.C. § | 5. The United States trustons 109(h) does not apply in the | • | tcy administrator has det | ermined that the credit counseling requiren | nent |
| I certif | y under penalty of perjury | that the info | ormation provided abov | ve is true and correct. | |
| Signature of D | Debtor: /s/ Raven | V. Cars | on | | |
| Date: | | | | | |

Rule 2016(b) (8) (ase 09-30216 Doc 1 Filed 08/18/09 Entered 08/18/09 12:27:07 Desc Main Document Page 14 of 54

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In re | Raven V. Car | son | | | | | | Case No Chapter | |
|-------|----------------------|-----------|----|----------|--|--|----------|-----------------|--|
| | | | | | | | / Debtor | | |
| | Attorney for Debtor: | MICHAEL R | ₹. | RICHMOND | | | • | | |

STATEMENT PURSUANT TO RULE 2016(B)

| The undersigned, | pursuant to | Rule 20 | 16(b). | Bankruptcy | Rules. | states t | hat |
|------------------|-------------|-----------|--------|-------------|----------|----------|-----|
| THE GIRGE SIGNED | purouunt to | I Valo 20 | 10101 | Danikiaptoy | i vaico, | JIGIOJ I | Hut |

- 1. The undersigned is the attorney for the debtor(s) in this case.
- 2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
- 3. \$ 299.00 of the filing fee in this case has been paid.
- 4. The Services rendered or to be rendered include the following:
 - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
 - c) Representation of the debtor(s) at the meeting of creditors.
- 5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and

None other

6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and

None other

7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:

None

8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

None

Dated: Respectfully submitted,

X/s/ MICHAEL R. RICHMOND
Attorney for Petitioner: MICHAEL R. RICHMOND

HELLER & RICHMOND, LTD.
33 NORTH DEARBORN STREET
SUITE 1600
CHICAGO IL 60602
(312) 781-6700

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Form B 201 (11/03)

UNITED STATES BANKRUPTCY COURT NOTICE TO INDIVIDUAL CONSUMER DEBTOR

The purpose of this notice is to acquaint you with the four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Court employees are prohibited from giving you legal advice.

Chapter 7: Liquidation (\$155 filing fee plus \$39 administrative fee plus \$15 trustee surcharge)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
- 2. Under chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
- 5. Under certain circumstances you may keep property that you have purchased subject to valid security interest. Your attorney can expain the options that are available to you.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$155 filing fee plus \$39 administrative fee)

- 1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankuptcy Code.
- 2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but no more than five years. Your plan must be approved by the court before it can take effect.
- 3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
- 4. After completion of payments under the plan, your debts are discharged except alimony and support payments, student loans, certain debts including criminal fines and restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

Chapter 11: Reorganization (\$800 filing fee plus \$39 administrative fee)

Chapter 11 is designed primarily for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family farmer (\$200 filing fee plus \$39 administrative fee)

Chapter 12 is designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm.

| I, the debtor, affirm that I have read this notice. | | | | | | |
|---|---------------------|-------------|--|--|--|--|
| | /s/Raven V. Carson | | | | | |
| Date | Signature of Debtor | Case Number | | | | |

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| In re Raven V. Carson | , Case No |
|-----------------------|------------|
| Debtor(s) | (if known) |

SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property | Nature of Debtor's Interest in Property Husband Wife Joint Community | Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption | Amount of Secured Claim |
|--------------------------------------|---|--|----------------------------|
| None | Community- | <u> </u> | None |
| | | | |
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(Report also on Summary of Schedules.)

No continuation sheets attached

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| In re Raven V. Carson | Case No. |
|-----------------------|-----------|
| Debtor(s) | (if known |

SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| Type of Property | N o n e | | Husband- Wife- Joint- mmunity- | W J | Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption |
|--|------------------|--|---|--------|--|
| 1. Cash on hand. | X | | | | |
| Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | chase checking Location: In debtor's possession | | | \$ 21.00 |
| Security deposits with public utilities, telephone companies, landlords, and others. | X | | | | |
| Household goods and furnishings, including audio, video, and computer equipment. | X | | | | |
| Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | | |
| 6. Wearing apparel. | | wearing apparel Location: In debtor's possession | | | \$ 500.00 |
| 7. Furs and jewelry. | X | | | | |
| Firearms and sports, photographic, and other hobby equipment. | X | | | | |
| Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | | |
| 10. Annuities. Itemize and name each issuer. | X | | | | |
| 11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).) | X | | | | |
| Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | | |
| Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | | |

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| In re Raven V. Carson | Case No. |
|-----------------------|-----------|
| Debtor(s) | (if known |

SCHEDULE B-PERSONAL PROPERTY

| | | (Continuation Criect) | | |
|---|--------|--------------------------------------|-----------|--|
| Type of Property | N | Description and Location of Property | | Current Value of Debtor's Interest, |
| | o n | Joi | eW ntJ | in Property Without Deducting any Secured Claim or |
| | е | Communi | yC | Exemption |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. Accounts Receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property. | X | | | |
| 20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers and other vehicles and accessories. | X | | | |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | |
| 29. Machinery, fixtures, equipment and supplies used in business. | X | | | |
| 30. Inventory. | X | | | |
| 31. Animals. | X | | | |

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|-----------------------|-----------|
| Debtor(s) | (if known |

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

| | n e | Husband Wife Joint Community | -W -J | Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption |
|--|--------|---------------------------------------|----------|--|
| 32. Crops - growing or harvested. Give particulars. | X | | | |
| 33. Farming equipment and implements. | X | | | |
| 34. Farm supplies, chemicals, and feed. | X | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |
| | | | | |

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| In re Raven V. Carson | Case No. |
|-----------------------|-----------|
| Debtor(s) | (if known |

SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds \$136,875. |
|---|--|
| (Check one box) | |
| □ 11 U.S.C. § 522(b) (2) | |

| Description of Property | Specify Law Providing each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemptions |
|-------------------------|--|----------------------------------|---|
| chase | 735 ILCS 5/12-1001(b) | \$ 21.00 | \$ 21.00 |
| wearing apparel | 735 ILCS 5/12-1001(a) | \$ 500.00 | \$ 500.00 |
| | | | |
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☑ 11 U.S.C. § 522(b) (3)

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B6D (Official Form 6D) (12/07)

| In reRaven V. Carson | Case No. |
|----------------------|------------|
| Debtor(s) | (if known) |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.) | Co-Debtor | O V H W- J | f Lien, and D | as Incurred, Nature Description and Market erty Subject to Lien | Contingent | Unliquidated | Disputed | Amount of Claim Without Deducting Value of Collateral | Unsecured Portion, If Any |
|---|-----------|------------------------|---------------|---|------------|--------------|----------|--|--------------------------------|
| Account No: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | Value: | | | | | | |
| Account No: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | Value: | | | | | | |
| Account No: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | Value: | | | | | | |
| No continuation sheets attached | I | 1 | | | ubto | | | \$ 0.00 | \$ 0.0 |
| | | | | | l of th | ota | 1\$ | \$ 0.00 | \$ 0.0 |
| | | | | (Use only | on las | st pa | ge) | | (If applicable, report also on |

Schedules.)

Statistical Summary of Certain Liabilities and Related Data)

| SEE (Official Form 6CASE) 09-30216 | Doc 1 | Filed 08/18/09 | Entered 08/18/09 12:27:07 | Desc Main |
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| 30E (Siliciai i Silii GE) (12/67) | | Document | Page 22 of 54 | |

| ln re <u>Raven V. Carson</u> | | , |
|------------------------------|-----------------|---|
| | D = 1: 4 =/ = \ | • |

Debtor(s)

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the

| mari cont | opriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the tal community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is ingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is uted, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.) |
|--------------|---|
| box | Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules. |
| • | Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to ity listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts rt this total also on the Statistical Summary of Certain Liabilities and Related Data. |
| | Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not led to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumers report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
| \boxtimes | Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
| TYF | PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| | Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| | Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| | Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| | Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| | Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| | Deposits by individuals Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| | Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| | Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9). |
| | Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). |

^{*}Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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| nre Raven V. Carson | , Case No. | |
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| Debte v/o) | | |

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | JJ | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife oint Community | Contingent | Polebinoilall | Disputed | Amount of Claim |
|---|-----------|----|---|------------|---------------|----------|-----------------|
| Account No: 1483 Creditor # : 1 04 City Of Blue Isla | | H | 2008-07-08 | | | | \$ 250.00 |
| Account No: 1483 Representing: 04 City Of Blue Isla | | | RMI/MCSI 3348 RIDGE RD LANSING IL 60438 | | | | |
| Account No: 5128 Creditor # : 2 04 City Of Country C | | H | 2006-05-26 | | | | \$ 250.00 |
| Account No: 5128 Representing: 04 City Of Country C | | | RMI/MCSI 3348 RIDGE RD LANSING IL 60438 | | | | |
| 10 continuation sheets attached | 1 | Į | L | Sul | tota | | |

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

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| In re Raven V. Carson | | , | Case No. | |
|-----------------------|-------------|---|----------|--|
| | D - I: (/-) | | _ | |

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) Account No: 9630 Creditor # : 3 Advocate-christ Medi | Co-Debtor | J | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community 2007-12-26 | Contingent | Unliquidated | Disputed | Amount of Claim |
|--|-----------|-------|---|------------|--------------|----------|-----------------|
| Account No: 9630 Representing: Advocate-christ Medi | | | HARRIS & HARRIS LTD 222 MERCHANDISE MART PLZ CHICAGO IL 60654 | | | | |
| Account No: 2935 Creditor # : 4 Black Expressions Bo | | H | 2008-02-11 | | | | \$ 184.00 |
| Account No: 2935 Representing: Black Expressions Bo | | | RJM ACQ LLC 575 UNDERHILL BLVD STE 2 SYOSSET NY 11791 | | | | |
| Account No: 5856 Creditor # : 5 Bureaus Investment G | | H | 2008-06-24 | | | | \$ 1,331.00 |
| Account No: 5856 Representing: Bureaus Investment G | | | THE BUREAUS INC 1717 CENTRAL ST EVANSTON IL 60201 | | | | |
| Sheet No. 1 of 10 continuation sheets attached Creditors Holding Unsecured Nonpriority Claims | ched t | to So | Chedule of (Use only on last page of the completed Schedule F. Report also on Summar and, if applicable, on the Statistical Summary of Certain Liabilities and | y of So | Tota | al \$ | \$ 1,989.00 |

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| ln | re Raven V. Carson | | , | Case No. | |
|----|--------------------|-------------|---|----------|--|
| | | D - I. (/-) | | | |

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | J | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community | Contingent | Unliquidated | Disputed | Amount of Claim |
|---|-----------|-------|--|------------|--------------|---------------|-----------------|
| Account No: 1001 Creditor # : 6 Capital One Auto Finan 3901 Dallas Pkwy Plano TX 75093 | | J | 2006-06-01 auto loan for returned auto | | | | \$ 14,586.00 |
| Account No: 6663 Creditor # : 7 Christ Medical Cente | | H | 2005-04-11 | | | | \$ 999.00 |
| Account No: 6663 Representing: Christ Medical Cente | | | MRSI 2250 E DEVON AVE STE 352 DES PLAINES IL 60018 | | | | |
| Account No: 1827 Creditor # : 8 Christ Medical Cente | | Н | 2006-07-24 | | | | \$ 728.00 |
| Account No: 1827 Representing: Christ Medical Cente | | | MRSI 2250 E DEVON AVE STE 352 DES PLAINES IL 60018 | | | | |
| Account No: 8493 Creditor # : 9 Christ Medical Cente | | Н | 2006-03-06 | | | | \$ 151.00 |
| Sheet No. 2 of 10 continuation sheets attached Creditors Holding Unsecured Nonpriority Claims | ached t | to Sc | chedule of (Use only on last page of the completed Schedule F. Report also on Surand, if applicable, on the Statistical Summary of Certain Liabilitie | nmary of S | Tota ched | al \$ ules | \$ 16,464.00 |

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| ln | re Raven V. Carson | | , | Case No. | |
|----|--------------------|-------------|---|----------|--|
| | | D - I. (/-) | | | |

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| - | | 1 | T | | 1 | - | 1 |
|--|-----------|--------|---|------------|--------------|-------------|-----------------|
| Creditor's Name, Mailing Address | | | Date Claim was Incurred, | | | | Amount of Claim |
| including Zip Code, | ō | | and Consideration for Claim. | = | ted | | |
| And Account Number | Co-Debtor | | If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | ted | |
| (See instructions above.) | - J | H W | Husband Wife | onti | oliq. | Disputed | |
| | | J | Joint Community | ŏ | ō | Ճ | |
| Account No: 8493 | | U | | | | | |
| Representing: | | | MRSI | | | | |
| Christ Medical Cente | | | 2250 E DEVON AVE STE 352 DES PLAINES IL 60018 | | | | |
| Account No: 4216 | | H | 2006-02-13 | | | | \$ 134.00 |
| Creditor # : 10 Christ Medical Cente | | | | | | | |
| Account No: 4216 | | | | | | | |
| Representing: | | | MRSI 2250 E DEVON AVE STE 352 | | | | |
| Christ Medical Cente | | | DES PLAINES IL 60018 | | | | |
| Account No: 3186 | | H | 1990-10-01 | | | | \$ 2,884.00 |
| Creditor # : 11 Citi | | | | | | | |
| P.o. Box 6500 C/o Citi Corp Sioux Falls SD 57117-6500 | | | | | | | |
| Account No: 5528 | | H | 2007-11-21 | | | | \$ 250.00 |
| Creditor # : 12 City Of Blue Island | | | | | | | |
| Account No: 5528 | | | | | | | |
| Representing: | | | RMI/MCSI | | | | |
| City Of Blue Island | | | 3348 RIDGE RD LANSING IL 60438 | | | | |
| | | | | | | 1 | |
| Sheet No. 3 of 10 continuation sheets at | tached t | o So | chedule of | Subt | ota | I \$ | \$ 3,268.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | | | Γota | | ÷ 3,200.00 |
| - | | | (Use only on last page of the completed Schedule F. Report also on Sumr and, if applicable, on the Statistical Summary of Certain Liabilities | nary of S | ched | ules | |

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| In re Raven V. Carson | | , | Case No. | |
|-----------------------|-------------|---|----------|--|
| | D - I: (/-) | | _ | |

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | J | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community | Contingent | Unliquidated | Disputed | Amount of Claim |
|---|-----------|-------|--|------------|--------------|----------|-----------------|
| Account No: 2803 Creditor # : 13 City Of Blue Island | | Н | 2007-12-27 | | | | \$ 250.00 |
| Account No: 2803 Representing: City Of Blue Island | | | RMI/MCSI 3348 RIDGE RD LANSING IL 60438 | | | | |
| Account No: 7739 Creditor # : 14 City Of Blue Island | | H | 2008-03-06 | | | | \$ 250.00 |
| Account No: 7739 Representing: City Of Blue Island | | | RMI/MCSI 3348 RIDGE RD LANSING IL 60438 | | | | |
| Account No: 7683 Creditor # : 15 City Of Blue Island | | Н | 2007-02-05 | | | | \$ 250.00 |
| Account No: 7683 Representing: City Of Blue Island | | | RMI/MCSI 3348 RIDGE RD LANSING IL 60438 | | | | |
| | | | | | | | |
| Sheet No. 4 of 10 continuation sheets at Creditors Holding Unsecured Nonpriority Claims | tached t | to So | Chedule of (Use only on last page of the completed Schedule F. Report also on Summand, if applicable, on the Statistical Summary of Certain Liabilities a | ary of S | Tota ched | al \$ | \$ 750.00 |

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| ln | re Raven V. Carson | | , | Case No. | |
|----|--------------------|-------------|---|----------|--|
| | | D - I. (/-) | | | |

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) Account No: 7656 Creditor # : 16 City Of Blue Island | Co-Debtor | J | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community 2006-09-11 | Contingent | Unliquidated | Disputed | Amount of Claim \$ 250.00 |
|---|-----------|------|--|------------|--------------|----------|----------------------------|
| Account No: 7656 Representing: City Of Blue Island | | | RMI/MCSI 3348 RIDGE RD LANSING IL 60438 | | | | |
| Account No: 7700 Creditor # : 17 City Of Blue Island | | H | 2006-09-11 | | | | \$ 250.00 |
| Account No: 7700 Representing: City Of Blue Island | | | RMI/MCSI 3348 RIDGE RD LANSING IL 60438 | | | | |
| Account No: 0726 Creditor # : 18 City Of Country Club | | H | 2004-08-10 | | | | \$ 250.00 |
| Account No: 0726 Representing: City Of Country Club | | | COLLECTION COMPANY OF 700 LONGWATER DR NORWELL MA 02061 | | | | |
| Sheet No. 5 of 10 continuation sheets atta Creditors Holding Unsecured Nonpriority Claims | ched t | o So | chedule of (Use only on last page of the completed Schedule F. Report also on Summa and, if applicable, on the Statistical Summary of Certain Liabilities and | ry of S | Tota ched | al \$ | \$ 750.00 |

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| In re Raven V. Carson | | , | Case No. | |
|-----------------------|-------------|---|----------|--|
| | D - I: (/-) | | _ | |

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) Account No: 1008 Creditor # : 19 City Of Country Club | Co-Debtor | J | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife oint Community 2005-10-12 | Contingent | Unliquidated | Disputed | Amount of Claim |
|---|-----------|-------|---|------------|--------------|---------------|-----------------|
| Account No: 1008 Representing: City Of Country Club | | | COLLECTION COMPANY OF 700 LONGWATER DR NORWELL MA 02061 | | | | |
| Account No: 8904 Creditor # : 20 City Of Country Club | | H | 2006-05-26 | | | | \$ 250.00 |
| Account No: 8904 Representing: City Of Country Club | | | RMI/MCSI 3348 RIDGE RD LANSING IL 60438 | | | | |
| Account No: 9764 Creditor # : 21 Comcast Chicago Seco | | H | 2007-06-01 | | | | \$ 330.00 |
| Account No: 9764 Representing: Comcast Chicago Seco | | | CREDIT MANAGEMENT LP 4200 INTERNATIONAL PKWY CARROLLTON TX 75007 | | | | |
| Sheet No. 6 of 10 continuation sheets attached Creditors Holding Unsecured Nonpriority Claims | iched t | to So | hedule of (Use only on last page of the completed Schedule F. Report also on Sum and, if applicable, on the Statistical Summary of Certain Liabilities | mary of So | Tota | nl \$ ules | \$ 830.00 |

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| In re_Raven V. Carson | , | Case No. | |
|-----------------------|---|----------|------------|
| Debtor(s) | | | (if known) |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| Creditor's Name, Mailing Address | | | Date Claim was Incurred, | | | | Amount of Claim |
|---|-----------|------|--|------------|--------------|----------|-----------------|
| including Zip Code, | 7 | : | and Consideration for Claim. | . | ed | | |
| And Account Number | ebto | | If Claim is Subject to Setoff, so State. | gen | idat | eq | |
| (See instructions above.) | Co-Debtor | H | Husband Wife | Contingent | Unliquidated | Disputed | |
| (eee menaciene azerei) | ٥ | J | Joint | ပိ | l n | ă | |
| Account No: 1304 | | C | Community 2009-02-22 | | | | \$ 262.00 |
| Creditor # : 22 Comed 26499 | | | | | | | , |
| Account No: 1304 | | | | | | | |
| Representing: | + | | CONTRACT CALLERS INC | | | | |
| Comed 26499 | | | 1058 CLAUSSEN RD STE 110 AUGUSTA GA 30907 | | | | |
| Account No: 3695 | | J | 2007-03-02 | | | | \$ 7,200.00 |
| Creditor # : 23 Credit Acceptance Po Box 513 Southfield MI 48037 | | | Co signor on sisters account | | | | |
| Account No: 0945 | | Н | 2004-04-01 | | | | \$ 343.00 |
| Creditor # : 24 Excel Emergency | | | | | | | |
| Account No: 0945 | | | | | | | |
| Representing: | 1 | | CREDTRS COLL | | | | |
| Excel Emergency | | | P.O. BOX 63 KANKAKEE IL 60901 | | | | |
| Account No: 0308 | | H | 2004-04-26 | | | | \$ 1,479.00 |
| Creditor # : 25 Fertility Centers Of | | | | | | | |
| | | | | l | 1 | J | |
| Sheet No. 7 of 10 continuation sheets attack | ched | to S | chedule of | Sub | | | \$ 9,284.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Use only on last page of the completed Schedule F. Report also on Summa | ry of S | chec | | |
| | | | and, if applicable, on the Statistical Summary of Certain Liabilities ar | d Rela | ted [| Data) | |

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| ln | re Raven V. Carson | | , | Case No. | |
|----|--------------------|-------------|---|----------|--|
| | | D - I. (/-) | | | |

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| Creditor's Name, Mailing Address including Zip Code, | 5 | | Date Claim was Incurred, and Consideration for Claim. | ± | ed | | Amount of Claim |
|--|-----------|------------|---|------------|--------------|----------|-----------------|
| And Account Number | ebt | | If Claim is Subject to Setoff, so State. | gen | idat | eq | |
| (See instructions above.) | Co-Debtor | H | Husband | Contingent | Unliquidated | Disputed | |
| (See instructions above.) | 0 | | Wife Joint | ပိ | 2 P | Dis | |
| A | | C | Community | | | | |
| Account No: 0308 | | | NATIONWIDE CREDIT & CO | | | | |
| Representing: | | | 815 COMMERCE DR STE 100 | | | | |
| Fertility Centers Of | | | OAK BROOK IL 60523 | | | | |
| Account No: 8125 | | Н | 2007-09-27 | | | | \$ 1,774.00 |
| Creditor # : 26 | | п | 2007-09-27 | | | | \$ 1,774.00 |
| Guaranty Bank | | | | | | | |
| Account No: 8125 | | | | | | | |
| Representing: | | | PORTFOLIO RECVRY&AFFIL 120 CORPORATE BLVD STE 1 | | | | |
| Guaranty Bank | | | NORFOLK VA 23502 | | | | |
| Account No: 9446 | | Н | 2007-04-20 | | | | \$ 161.00 |
| Creditor # : 27 Nco/asgne Of Sbc | | | | | | | |
| Account No: 9446 | | | | | | | |
| Representing: | | | NCO FIN/22 | | | | |
| Nco/asgne Of Sbc | | | 507 PRUDENTIAL RD HORSHAM PA 19044 | | | | |
| Account No: 2997 | | Н | 2008-01-11 | | | | \$ 735.00 |
| Creditor # : 28 Premier Bankcard In | | | | | | | |
| Sheet No. 8 of 10 continuation sheets at | itached t | 1 to Se | chedule of | Sub | tota | .l ¢ | # 2 C70 00 |
| Creditors Holding Unsecured Nonpriority Claims | | | | | Tota | | \$ 2,670.00 |
| 2.22 Olding 2.10000000 Honphority Oldino | | | (Use only on last page of the completed Schedule F. Report also on Summ and, if applicable, on the Statistical Summary of Certain Liabilities a | ary of S | ched | lules | |

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B6F (Official Form 6F) (12/07) - Cont.

| ln | re Raven V. Carson | | , | Case No. | |
|----|--------------------|-------------|---|----------|--|
| | | D - I. (/-) | | | |

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| On Handa Nama Malling Addings | | | Date Claim was Incurred, | | | | Amount of Claim |
|--|-----------|------|---|------------|--------------|----------|------------------|
| Creditor's Name, Mailing Address | | | and Consideration for Claim. | | _ | | Amount of olding |
| including Zip Code, | Co-Debtor | | If Claim is Subject to Setoff, so State. | ent | Unliquidated | - | |
| And Account Number | -De | H | Husband | ting | quio | nte | |
| (See instructions above.) | ပိ | | Wife | Contingent | Juli | Disputed | |
| | | | Joint Community | | | | |
| Account No: 2997 | | | | | | | |
| Representing: | | | ARROW FINANCIAL SERVIC | | | | |
| Premier Bankcard In | | | 5996 W TOUHY AVE NILES IL 60714 | | | | |
| | | | | | | | |
| | | | | | | | |
| Account No: 8813 | | H | 2006-11-28 | | | | \$ 81.00 |
| Creditor # : 29 | | ** | 2000-11-28 | | | | \$ 51.00 |
| Sage Telecom Inc. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Account No: 8813 | | | | | | | |
| Representing: | | | NCO FIN/99 PO BOX 15636 | | | | |
| Sage Telecom Inc. | | | WILMINGTON DE 19850 | | | | |
| | | | | | | | |
| | | | | | | | |
| Account No: 6117 | | H | 2004-06-21 | | | | \$ 2,655.00 |
| Creditor # : 30 | | | | | | | |
| St James Hosp | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Account No: 6117 | | | | | | | |
| | | | MUTUAL HSP SRVCS IN | | | | |
| Representing: St James Hosp | | | 2525 N SHADELAND AVE STE | | | | |
| Se dames nosp | | | INDIANAPOLIS IN 46219 | | | | |
| | | | | | | | |
| | | | | | | | |
| Account No: 5878 | | H | 2008-07-10 | | | | \$ 554.00 |
| Creditor # : 31 St.francis Hospital | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | 1 | 1 | | 1 | 1 | |
| | | | | | | | |
| Sheet No. 9 of 10 continuation sheets at | tached t | o So | chedule of | Sub | -0+0 | ı¢ | # 2 200 00 |
| Creditors Holding Unsecured Nonpriority Claims | | | | | Tota | | \$ 3,290.00 |
| , | | | (Use only on last page of the completed Schedule F. Report also on Summ and, if applicable, on the Statistical Summary of Certain Liabilities a | ary of S | ched | ules | |
| | | | and, it applicable, on the oldistical cultimary of Certain Liabilities a | i toia | .ou L | aidj | |

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B6F (Official Form 6F) (12/07) - Cont.

| In re Raven V. Carson | | , | Case No. | |
|-----------------------|-------------|---|----------|--|
| | D - I: (/-) | | _ | |

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | W JJ | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community | Contingent | Unliquidated | Disputed | Amount of Claim |
|---|-----------|---------|--|------------|--------------|----------|-----------------------------|
| Account No: 5878 Representing: St.francis Hospital | <u> </u> | | ILLINOIS COLLECTION SE 8231 185TH ST STE 100 TINLEY PARK IL 60487 | | | | |
| Account No: 8688 Creditor # : 32 T-mobile | | H | 2008-04-13 | | | | \$ 1,205.00 |
| Account No: 8688 Representing: T-mobile | | | SUNRISE CREDIT SERVICE 234 AIRPORT PLAZA BLVD S FARMINGDALE NY 11735 | | | | |
| Account No: 7751 Creditor # : 33 Us Dept Of Education 501 Bleecker St Utica NY 13501 | | H | 1996-10-26 | | | | \$ 4,445.00 |
| Account No: | | | | | | | |
| Account No: | | | | | | | |
| Sheet No. 10 of 10 continuation sheets attach | ed t | o Sc | chedule of | Subt | ota | \$ | ¢ 5 650 00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Use only on last page of the completed Schedule F. Report also on Summary and, if applicable, on the Statistical Summary of Certain Liabilities and | of So | Fota ched | al \$ | \$ 5,650.00 \$ 45,445.00 |

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| nre Raven V. Carson | / Debtor | Case No. | |
|---------------------|----------|----------|------------|
| | | _ | (if known) |

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

□ Check this box if the debtor has no executory contracts or unexpired leases.

| Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract. | Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract. |
|---|---|
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| n re Raven V. Carson | / Debtor | Case No. | |
|----------------------|-------------|----------|------------|
| | | - | (if known) |

SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

□ Check this box if the debtor has no codebtors.

| Name and Address of Codebtor | Name and Address of Creditor |
|------------------------------|------------------------------|
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| In re Raven V. Carson | |
|-----------------------|----------------|
| Debtor(s) | (if known) |

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital | DEPENDENTS OF DEBTOR AND SPOUSE | | | | | |
|---|--|----------------|--|----------|------|--|
| Status: | RELATIONSHIP(S): | | AGE(S): | | | |
| Single | son | | 3 | | | |
| EMPLOYMENT: | DEBTOR | | SPO | USE | | |
| Occupation | administrative support | | | | | |
| Name of Employer | Robinson Engineering | | | | | |
| How Long Employed | 5 yrs | | | | | |
| Address of Employer | 17000 South Park Ave | | | | | |
| | S. Holland IL | | | | | |
| INCOME: (Estimate of aver | age or projected monthly income at time case filed) | | DEBTOR | SPOU | SE | |
| , , | lary, and commissions (Prorate if not paid monthly) | \$ \$ | 2,340.00 | | 0.00 | |
| 2. Estimate monthly overting | ne | \$ | 2,340.00 | | 0.00 | |
| 3. SUBTOTAL 4. LESS PAYROLL DEDUC | CTIONS | Ψ | 2,340.00 | Φ | 0.00 | |
| a. Payroll taxes and soc | | \$ | 392.17 | \$ | 0.00 | |
| b. Insurance | | \$ \$ | 32.50 | \$ | 0.00 | |
| c. Union dues | 104 | | 0.00 | * | 0.00 | |
| | 01 K Loan 01(k) | \$ \$ | 121.33 69.33 | \$ \$ | 0.00 | |
| 5. SUBTOTAL OF PAYRO | | \$ | 615.33 | • | 0.00 | |
| 6. TOTAL NET MONTHLY | TAKE HOME PAY | \$ | 1,724.67 | \$ | 0.00 | |
| 7. Regular income from ope | eration of business or profession or farm (attach detailed statement) | | 0.00 | \$ | 0.00 | |
| 8. Income from real propert | · | \$ | 0.00 | \$ | 0.00 | |
| Interest and dividends | | \$ \$ \$ | 0.00 | \$ | 0.00 | |
| Alimony, maintenance of of dependents listed above. | or support payments payable to the debtor for the debtor's use or that | \$ | 0.00 | \$ | 0.00 | |
| 11. Social security or gover | | | | | | |
| (Specify): | | \$ \$ | 0.00 | | 0.00 | |
| 12. Pension or retirement in | ncome | \$ | 0.00 | \$ | 0.00 | |
| 13. Other monthly income | | | | | | |
| (Specify): | | \$ | 0.00 | \$ | 0.00 | |
| 14. SUBTOTAL OF LINES | 7 THROUGH 13 | \$ | 0.00 | Ψ | 0.00 | |
| 15. AVERAGE MONTHLY | NCOME (Add amounts shown on lines 6 and 14) | \$ | 1,724.67 | \$ | 0.00 | |
| 16. COMBINED AVERAGE | MONTHLY INCOME: (Combine column totals | | \$ | 1,724.67 | | |
| from line 15; if there is o | nly one debtor repeat total reported on line 15) | | rt also on Summary of S stical Summary of Certain | | | |

| In re Raven V. Carson | , Case No |
|-----------------------|------------|
| Debtor(s) | (if known) |

SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22 A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| <u> </u> | | |
|--|-----|--------------|
| Rent or home mortgage payment (include lot rented for mobile home) | \$ | 600.00 |
| a. Are real estate taxes included? Yes \(\sqrt{No} \) No | | |
| b. Is property insurance included? Yes No | | |
| 2. Utilities: a. Electricity and heating fuel | \$ | 250.00 |
| b. Water and sewer | \$ | 0.00 |
| c. Telephone | \$ | 162.00 |
| d. Other | \$ | 0.00 |
| Other | \$ | 0.00 |
| | | |
| 3. Home maintenance (repairs and upkeep) | \$ | 0.00 |
| 4. Food | | 400.00 |
| | \$ | 100.00 |
| 5. Clothing | | 70.00 |
| 6. Laundry and dry cleaning | φ | 0.00 |
| 7. Medical and dental expenses | \$ | 200.00 |
| 8. Transportation (not including car payments) | \$ | |
| Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | 0.00 |
| 10. Charitable contributions | \$ | 0.00 |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | | |
| a. Homeowner's or renter's | | 0.00 |
| b. Life | \$ | 0.00 |
| c. Health | \$ | 0.00 |
| d. Auto | \$ | 0.00 |
| e. Other | \$ | 0.00 |
| Other | \$ | 0.00 |
| | | |
| 12. Taxes (not deducted from wages or included in home mortgage) | | |
| (Specify) | \$ | 0.00 |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) | Ψ | 0.00 |
| | · · | 0.00 |
| a. Auto b. Other: | \$ | 0.00 |
| c. Other: | Φ Φ | 0.00 |
| C. Other. | | |
| | | 0.00 |
| 14. Alimony, maintenance, and support paid to others | \$ | 0.00 |
| 15. Payments for support of additional dependents not living at your home | \$ | 0.00 |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | | 0.00 |
| 17. Other: | \$ | 0.00 0.00 |
| Other: | \$ | 0.00 |
| | | 0.00 |
| 18. AVERAGE MONTHLY EXPENSES Total lines 1-17. Report also on Summary of Schedules | \$ | 1,782.00 |
| and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: | | |
| The state of the double of the | | |
| | | |
| 20. STATEMENT OF MONTHLY NET INCOME | • | 1 704 67 |
| a. Average monthly income from Line 16 of Schedule I | \$ | 1,724.67 |
| b. Average monthly expenses from Line 18 above | \$ | 1,782.00 |
| c. Monthly net income (a. minus b.) | \$ | (57.33) |
| | | |

UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In re | Raven V. Carson | | Case No. | |
|--------|------------------------------------|------------|----------|---|
| | | | Chapter: | 7 |
| | | /Debtor(s) | | |
| Attorn | ov For Dobtor: MICHAEL B. BICHMOND | • • | | |

LIST OF CREDITORS

| # | CREDITOR | CLAIM AND SECURITY | C D S U | CLAIM AMOUNT |
|---|---|-----------------------------|---------|--------------|
| 1 | 04 City Of Blue Isla | | | \$ 250.00 |
| 2 | 04 City Of Country C | | | \$ 250.00 |
| 3 | Advocate-christ Medi | | | \$ 474.00 |
| 4 | Black Expressions Bo | | | \$ 184.00 |
| 5 | Bureaus Investment G | | | \$ 1,331.00 |
| 6 | Capital One Auto Finan 3901 Dallas Pkwy Plano, TX 75093 | auto loan for returned auto | | \$ 14,586.00 |
| 7 | Christ Medical Cente | | | \$ 999.00 |
| 8 | Christ Medical Cente | | | \$ 728.00 |

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Document Page 39 of 54 LIST OF CREDITORS

| | | (Continuation Sheet) | | |
|----|---|----------------------|------------------|--------------|
| # | CREDITOR | CLAIM AND SECURITY | C D S U | CLAIM AMOUNT |
| 9 | Christ Medical Cente | | | \$ 151.00 |
| 10 | Christ Medical Cente | | | \$ 134.00 |
| 11 | Citi P.o. Box 6500 C/o Citi Corp Sioux Falls, SD 57117-6500 | | | \$ 2,884.00 |
| 12 | City Of Blue Island | | | \$ 250.00 |
| 13 | City Of Blue Island | | | \$ 250.00 |
| 14 | City Of Blue Island | | | \$ 250.00 |
| 15 | City Of Blue Island | | | \$ 250.00 |
| 16 | City Of Blue Island | | | \$ 250.00 |
| 17 | City Of Blue Island | | | \$ 250.00 |
| 18 | City Of Country Club | | | \$ 250.00 |
| 19 | City Of Country Club | | | \$ 250.00 |

West Group, Rochester, No.09-30216 Doc 1 Filed 08/18/09 Entered 08/18/09 12:27:07 Desc Main Document Page 40 of 54 LIST OF CREDITORS

(Continuation Sheet)

| | | (Continuation Sheet) | | |
|----|---|------------------------------|---------|--------------|
| # | CREDITOR | CLAIM AND SECURITY | C D S U | CLAIM AMOUNT |
| 20 | City Of Country Club | | | \$ 250.00 |
| 21 | Comcast Chicago Seco | | | \$ 330.00 |
| 22 | Comed 26499 | | | \$ 262.00 |
| 23 | Credit Acceptance Po Box 513 Southfield, MI 48037 | Co signor on sisters account | | \$ 7,200.00 |
| 24 | Excel Emergency | | | \$ 343.00 |
| 25 | Fertility Centers Of | | | \$ 1,479.00 |
| 26 | Guaranty Bank | | | \$ 1,774.00 |
| 27 | Nco/asgne Of Sbc | | | \$ 161.00 |
| 28 | Premier Bankcard In | | | \$ 735.00 |
| 29 | Sage Telecom Inc. | | | \$ 81.00 |
| 30 | St James Hosp | | | \$ 2,655.00 |

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LIST OF CREDITORS

(Continuation Sheet)

| | | (Continuation Sheet) | | |
|----|--|----------------------|-------------------|--------------|
| # | CREDITOR | CLAIM AND SECURITY | $C \cup O \cup D$ | CLAIM AMOUNT |
| 31 | St.francis Hospital | | | \$ 554.00 |
| 32 | T-mobile | | | \$ 1,205.00 |
| 33 | Us Dept Of Education 501 Bleecker St Utica, NY 13501 | | | \$ 4,445.00 |
| | | | | |
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UNITED STATES BANKRUPTCY COURT **NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

Case No.

| In re Raven V. Carson | Case No. |
|--|--|
| | Chapter 7 |
| | / Debtor |
| Attorney for Debtor: MICHAEL R. RICHMO | ND . |
| | |
| VERIFI | CATION OF CREDITOR MATRIX |
| | |
| The above named Debtor(s) h | nereby verify that the attached list of creditors is true and correct to the |
| best of our knowledge. | |
| | |
| | |
| Date: | /s/ Raven V. Carson |
| | Debtor |

04 City Of Country C

Advocate-christ Medi

ARROW FINANCIAL SERVIC 5996 W TOUHY AVE NILES, IL 60714

Black Expressions Bo

Bureaus Investment G

Capital One Auto Finan 3901 Dallas Pkwy Plano, TX 75093

Raven V. Carson 2949 W. 142 nd Place Blue Island, IL 60406

Christ Medical Cente

Citi

P.o. Box 6500 C/o Citi Corp Sioux Falls, SD 57117-6500

City Of Blue Island

City Of Country Club

COLLECTION COMPANY OF 700 LONGWATER DR NORWELL, MA 02061

Comcast Chicago Seco

Comed 26499

CONTRACT CALLERS INC 1058 CLAUSSEN RD STE 110 AUGUSTA, GA 30907

Credit Acceptance Po Box 513 Southfield, MI 48037

CREDIT MANAGEMENT LP 4200 INTERNATIONAL PKWY CARROLLTON, TX 75007

CREDTRS COLL P.O. BOX 63 KANKAKEE, IL 60901

Excel Emergency

Fertility Centers Of

Guaranty Bank

Case 09-30216 Doc 1 Filed 08/18/09 Entered 08/18/09 12:27:07 Desc Main $^{\rm HARRIS}\! D$ oc 1 Filed 08/18/09 Entered 08/18/09 12:27:07 Desc Main

222 MERCHANDISE MART PLZ CHICAGO, IL 60654

ILLINOIS COLLECTION SE 8231 185TH ST STE 100 TINLEY PARK, IL 60487

MICHAEL R. RICHMOND 33 NORTH DEARBORN STREET SUITE 1600 CHICAGO, IL 60602

MRSI
2250 E DEVON AVE STE 352
DES PLAINES, IL 60018

MUTUAL HSP SRVCS IN 2525 N SHADELAND AVE STE INDIANAPOLIS, IN 46219

NATIONWIDE CREDIT & CO 815 COMMERCE DR STE 100 OAK BROOK, IL 60523

NCO FIN/22 507 PRUDENTIAL RD HORSHAM, PA 19044

NCO FIN/99 PO BOX 15636 WILMINGTON, DE 19850

Nco/asgne Of Sbc

PORTFOLIO RECVRY&AFFIL 120 CORPORATE BLVD STE 1 NORFOLK, VA 23502

Premier Bankcard In

RJM ACQ LLC 575 UNDERHILL BLVD STE 2 SYOSSET, NY 11791

RMI/MCSI 3348 RIDGE RD LANSING, IL 60438

Sage Telecom Inc.

St James Hosp

St.francis Hospital

SUNRISE CREDIT SERVICE 234 AIRPORT PLAZA BLVD S FARMINGDALE, NY 11735 Case 09-30216 Doc 1 Filed 08/18/09 Entered 08/18/09 12:27:07 Desc Main THE BUDGCUMENT Page 45 of 54 Page 45 of 54

EVANSTON, IL 60201

T-mobile

Us Dept Of Education 501 Bleecker St Utica, NY 13501

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| | EASTERN DIVISION | |
|--|---|---|
| In re Raven V. Carson | | Case No. Chapter 7 |
| | / Debto | |
| Part A - Debts Secured by property of the estate additional pages if necessary.) | te. (Part A must be completed for EACH debt which is sec | |
| Property No. Creditor's Name: None | Describe Property Secu | uring Debt : |
| <u> </u> | | or example, avoid lien using 11 U.S.C § 522 (f)). or each unexpired lease. Attach |
| Property No. Lessor's Name: None | Describe Leased Property: | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): |
| I declare under penalty of perjury that the ab personal property subject to an unexpired le | Signature of Debtor(s) bove indicates my intention as to any property of my ease. | estate securing a debt and/or |
| Date: | Debtor: /s/ Raven V. Carson | |
| Date: | Joint Debtor: | |

Form 7 (12/07) Case 09-30216 Doc 1 Filed 08/18/09 Entered 08/18/09 12:27:07 Desc Main

Document Page 47 of 54 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re: Raven V. Carson Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not diclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor my also be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101.

1. Income from employment or operation of business

None S

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

Year to date:\$15,012.00 Last Year\$27,081 Year before:\$25,411

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

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a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None \boxtimes

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filingunder chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None \boxtimes

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None \boxtimes

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None \boxtimes

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None \boxtimes

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None \boxtimes

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None \boxtimes

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

DATE OF PAYMENT, AMOUNT OF MONEY OR NAME OF PAYER IF OTHER THAN DEBTOR DESCRIPTION AND VALUE OF PROPERTY

Payee: Heller & richmond Address: 33 NORTH DEARBORN STREET SUITE 1600 CHICAGO, IL 60602 Date of Payment: \$450.00
Payor: Raven V. Carson

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a benificiary.

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

None

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar termunder an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None

None

 \boxtimes

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

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| 18. | Nature. | location | and name | of | business |
|-----|---------|----------|----------|-----|----------|
| ıo. | Nature. | location | and name | VI. | DUSINES: |

| None |
|-------------|
| \boxtimes |

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencment of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencment of this case.

| None | b. Identify any business listed in response | e to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101. | | |
|---|---|---|--|--|
| | | | | |
| [If com | oleted by an individual or individual and | spouse] | | |
| I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct. | | | | |
| I | Date | Signature /s/ Raven V. Carson of Debtor | | |
| I | Date | Signature of Joint Debtor (if any) | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In re Raven V. Carson | | Case No. | |
|-----------------------|----------|----------|---|
| | | Chapter | 7 |
| | / Debtor | | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data"if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | Attached (Yes/No) | No. of Sheets | ASSETS | LIABILITIES | OTHER |
|---|----------------------|------------------|--------------|-----------------|----------------|
| A-Real Property | Yes | 1 | \$ 0.00 | | |
| B-Personal Property | Yes | 3 | \$ 521.00 | | |
| C-Property Claimed as Exempt | Yes | 1 | | | |
| D-Creditors Holding Secured Claims | Yes | 1 | | \$ 0.00 | |
| E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | \$ 0.00 | |
| F-Creditors Holding Unsecured Nonpriority Claims | Yes | 11 | | \$ 45,445.00 | |
| G-Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H-Codebtors | Yes | 1 | | | |
| I-Current Income of Individual Debtor(s) | Yes | 1 | | | \$ 1,724.67 |
| J-Current Expenditures of Individual Debtor(s) | Yes | 1 | | | \$ 1,782.00 |
| TOTAL | | 22 | \$ 521.00 | \$ 45,445.00 | |

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS **EASTERN DIVISION**

| ln re <i>Raven V</i> . | Carson | Case No | - |
|------------------------|--------|----------|---|
| | | Chapter | 7 |
| | · | / Debtor | |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8), filing a case under chapter 7, 11, or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|---------|
| Domestic Support Obligations (from Schedule E) | \$ 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00 |
| Student Loan Obligations (from Schedule F) | \$ 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ 0.00 |
| TOTAL | \$ 0.00 |

State the following:

| Average Income (from Schedule I, Line 16) | \$ 1,724.67 |
|--|-------------|
| Average Expenses (from Schedule J, Line 18) | \$ 1,782.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | \$ 2,268.00 |

State the following:

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$ 0.00 |
|--|---------|--------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | \$ 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$ 0.00 |
| 4. Total from Schedule F | | \$ 45,445.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$ 45,445.00 |

| B6 Declaration (Official 4SF 0.9-302116) (12/67)OC 1 | Filed 08/18/09 |
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| In re Raven V. Carson | Case No. |
|-----------------------|------------|
| Debtor | (if known) |

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

| I declare under penalty of perjury that I have read the correct to the best of my knowledge, information an | ne foregoing summary and schedules, consisting of ad belief. | sheets, and that they are true and |
|---|--|------------------------------------|
| Date: | Signature /s/ Raven V. Carson Raven V. Carson | |
| | [If joint case, both spouses must sign.] | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.